

**DCF 252.44 Program.****(1) PROGRAM PLANNING AND IMPLEMENTATION.**

(a) Each day camp shall have a program of activities that shall be planned according to the developmental level of each child and each group of children and intended to expose children to a variety of cultures. The needs of children with disabilities shall be considered when planning the programming and activities for enrolled children. The program of activities shall focus on the out-of-doors and the natural environment and shall reflect the camp's written policies. The program shall provide each child with experiences which will promote all of the following:

*See DCF 252.04 (9) – DEFINITION OF DAY CAMP OR CAMP. The definition of a camp indicates that the program must be oriented to the out of doors. This could be outdoor sports related activities, nature activities, etc.*

*The program of activities should include all the types of activities specified under paragraphs (a) and (b).*

*The written program of activities may be on a daily, weekly or monthly basis and based on the planning technique of each camp: i.e., camp session theme planning, unit planning, goal-oriented planning, daily lesson plan. It may also include a daily schedule.*

1. An appreciation and understanding of the natural environment.
2. Large and small muscle development.

*Examples of activities that encourage large and small muscle development include:*

*Large Muscle*

- *Use of large muscle equipment such as climbing equipment, ball, bicycle, roller blade, skate board, etc.*
- *Group activities (musical or non-musical) involving physical activity such as marching, skipping, jumping, dancing, physical fitness activities, tumbling, running.*
- *Games that facilitate understanding of how our bodies move and that develop coordination, balance, strength, endurance.*

*Small Muscle*

- *Arts and Crafts activities.*
- *Construction activities such as woodworking, building etc.*

3. Intellectual growth.

*These activities could include:*

- *Science activities.*
- *Sensory experience such as tactile, auditory, smelling activities.*
- *Discrimination activities involving symbols, shapes, colors, serration, categorizing, matching, etc.*
- *Activities involving problem solving and memory skills.*
- *Opportunities to explore the environment and find developmentally appropriate challenges.*

4. Self-esteem and positive self-image.

*Examples of activities that encourage self-esteem and positive self-image include:*

- *Group activities such as games and songs where children's names are used.*
- *Adults address children by name when speaking to them and use child's name in group activities.*
- *Dramatic-play activities that involve opportunities to explore multi-cultural settings, gender differences and the use of props.*
- *Thoughtful verbal recognition of the child's ideas, expressions and contributions.*

5. Opportunities for recreation.

*Examples of activities that provide opportunities for recreation include:*

- *Observation of nature during nature walks etc.*
- *Group games such as Red Light, Green Light, Mother, May I?*
- *Organized sports such as kickball, soccer, t-ball.*

**252.44(1)(a)6.****6. Social interaction.**

*Examples of activities that encourage social interactions include:*

- *Dramatic play opportunities.*
- *Self-selected cooperative play experiences which give children opportunities to interact.*
- *Mealtime conversation.*
- *Selected activities for children in small groups as such cooking, science, nature, games.*

**7. Creative expression.**

*Examples of activities that encourage creative expression include:*

- *Music, dance and movement activities.*
- *Sand, water and block play.*
- *Non-directive use of non-limiting materials such as clay, paint, crayons.*
- *Woodworking.*
- *Arts and craft activities.*

**8. Self-expression and communication skills.**

*Examples of activities that encourage self-expression and communication skills include:*

- *Non-directed creative-art experiences.*
- *Asking questions to elicit responses from children.*
- *Encouraging children to participate in discussions and give attention to each speaker, including, planning for the day, field trips, etc.*
- *Providing opportunities throughout the day for children to converse and share their ideas with others.*
- *Puppet play, use of flannel boards.*
- *Creative dramatics.*
- *Meal time conversation.*

**9. Literacy skills.**

*Activities that will help develop a child's literacy skills include:*

- *Reading to children.*
- *Dramatic play and play-acting activities.*
- *Use of puppets and flannel boards.*

**Note:** With parental consent and consultation, it is recommended that centers who care for children who have an Individualized Family Service Plan (IFSP) or an Individualized Education Program (IEP) coordinate programming activities with the local school district or Birth to Three agency.

**(b) The program shall:**

1. Protect the children from excessive fatigue and from overstimulation.
2. Encourage spontaneous activities.
3. Be planned to provide a flexible balance each day of:
  - a. Active and quiet activities.
  - b. Individual and group activities.
4. Provide daily opportunities for children to play outdoors except during inclement weather or when not advisable for health reasons.
5. Provide reasonable regularity in eating, resting and other routines.
6. Provide daily periods when a variety of experiences are concurrently available for the children to select their own activities.
7. Limit the amount of time that children are kept waiting in lines or assembled in large groups during routines such as toileting and eating and intervals between activities.

**252.44(2)****(2) CHILD GUIDANCE.**

(a) Each day camp shall have a written policy on guiding children's behavior which provides for positive guidance, redirection and the setting of clear-cut limits. The policy shall be designed to help each child develop self-control, self-esteem, and respect for the rights of others.

(b) If a camp uses time-out periods to deal with unacceptable behavior, time-out periods may not exceed 5 minutes and the procedure shall be included in the camp's child guidance policy as specified in par. (a).

*See Appendix G Resource List, Early Years Are Learning Years – Time Out for "Time-out."*

*Time out (by whatever name) is an interruption of unacceptable behavior by the removal of the child from the situation. Time out may be used if:*

- 1. Use is identified in the child guidance policy for specified types of behavior which counselors wish to stop.*
- 2. The behaviors are identified to children.*
- 3. The child is within sight and sound and under the supervision of an adult.*
- 4. The reason for the time out is explained to the child.*
- 5. The time out is short, not more than one minute per year of age (not to exceed 5 minutes). The child is praised after the completion of the time out.*

(c) Actions that may be psychologically, emotionally or physically painful, discomforting, dangerous or potentially injurious are prohibited. Examples of prohibited actions include:

*Aversive "behavior modification" techniques are prohibited (except time outs as specified above).*

*The counselor or camp is encouraged to develop a limited number of rules of behavior which are known to children and to explain to children why a particular behavior is not allowed.*

1. Spanking, hitting, pinching, shaking, slapping, twisting, throwing or inflicting any other form of corporal punishment.

2. Verbal abuse, threats or derogatory remarks about the child or the child's family.

*"Verbal abuse" is defined to mean profane, insulting or coarse language sometimes but not always delivered in a loud or threatening manner or language which is ego deflating, causing loss of self-esteem.*

3. Physical restraint, binding or tying to restrict movement or enclosing in a confined space such as a closet, locked room, box or similar cubicle.

*See 252.04 (21r) – DEFINITION OF PHYSICAL RESTRAINT.*

*Physical restraint does not include:*

- Briefly holding a child in order to calm or comfort the child.*
- Holding a child's hand or arm to escort the child from one area to another.*
- Moving a disruptive child who is a danger to him/herself/others and is unwilling to leave the area when other methods such as talking to the child have been unsuccessful.*
- Intervening or breaking up a fight.*

*If a child has an outburst that puts him/herself or another person in danger of harm, the camp has the responsibility to protect the child and others from danger. Once a child has an outburst, it is recommended that the camp work with the parents to develop a plan to help manage the child's behavior in a way that does not include the use of a physical restraint. The camp may want to refer the child to the pediatrician, the public schools or a mental health professional for an evaluation.*

*In limited circumstances, an exception for the use of a physical restraint of an individual child may be considered if the child has had an evaluation that resulted in an Individual Educational Plan (IEP). The following conditions must be met:*

- The IEP indicates use of physical restraint as part of a plan to help the child learn to manage behaviors.*
- The camp identifies a person(s) who will be assigned the responsibility of implementing the restraint.*
- The person assigned to implement the restraint receives appropriate training in the use of a restraint.*
- The center documents the use of the restraint and the situation leading to the use of the restraint.*
- The exception is reviewed and re-approved periodically (recommended every 3 – 4 months).*
- A copy of the documentation related to a restraint is submitted to the Department within 10 days of the use of the restraint.*

**252.44(2)(c)4.**

4. Withholding or forcing meals, snacks or naps.
5. Actions that are aversive, cruel, frightening or humiliating.

*Actions by the provider which are abusive or painful are prohibited including biting or putting anything in or on a child's mouth.*

- (d) Children shall not be punished for lapses in toilet training.

**(3) EQUIPMENT.**

(a) The camp shall provide program equipment in a variety and quantity which will allow staff to implement activities outlined in the written policy on program objectives and activities required under s. DCF 252.41(1)(g)2. and which meets the following criteria:

1. Provides for large muscle development.
2. Provides construction activities and for the development of manipulative skills.
3. Encourages social interaction.
4. Provides intellectual stimulation.
5. Encourages creative expression.

(b) All equipment shall be:

1. Scaled to the developmental level, size and ability of the children.
2. Of sound construction with no sharp, rough, loose or pointed edges, in good operating condition, and anchored when necessary.
3. Placed to avoid danger of accident and collision and to permit freedom of action.

*Examples of unsafe play equipment include, but are not limited to, the following:*

- *Metal toys with sharp edges.*
- *Playground equipment that has loose boards or other parts, splitting wood, etc.*
- *Hard plastic toys which have broken sharp edges.*
- *Slides or rocking boats with protruding screws.*
- *Swing sets with chains that are rusting through.*

(c) Equipment and materials which reflect an awareness of cultural and ethnic diversity shall be provided.

*Examples of equipment and materials that reflect cultural and ethnic diversity include multi-cultural dolls, puzzles and other toys, pictures, posters and music that reflects varying cultures and exposure to foods from different cultures and ethnic groups.*

- (d) Children using play equipment shall be closely supervised to prevent injuries.

**(4) REST.** When a session is more than 4 hours in length, there shall be a rest period or period of quiet activities of at least 30 minutes for all children under 5 years of age.

*Cots, sleeping bags or mats are not required.*

**252.44(5)****(5) FOOD.**

(a) Food shall be provided in accordance with Table DCF 252.44 which is based on the amount of time children are present. Food may be served at flexible intervals, but no child may go without nourishment for longer than 3 hours.

<b>TABLE 252.44</b>	
<b>MEAL AND SNACK REQUIREMENTS FOR EACH CHILD AT A DAY CAMP</b>	
<b>Time Children Are Present</b>	<b>Number of Meals and Snacks</b>
2½ to 4 hours	1 snack
4 to 8 hours	1 snacks and 1 meal
8 to 10 hours	2 snacks and 1 meal
10 hours or more	2 meals and 2 or 3 snacks

*The 3-hour determination is from the beginning of a snack or meal to the beginning of the next snack or meal.*

(b) Camp-provided transportation time shall be included in determining the total number of hours a child is present for the purpose of par. (a).

(c) Food allergies of specific children shall be reported to cooks, counselors and substitutes having direct contact with children.

(d) Menus for meals and snacks provided by the camp shall:

*When parents supply meals or snacks for a child, the camp is not required to document what was supplied by the parent.*

1. Be posted in the kitchen and in a conspicuous place accessible to parents.
2. Be planned at least one week in advance, dated and kept on file for 3 months.
3. Be available for review by the department.
4. Include diverse types of food.

*"Diverse types of foods" means menus which would not be repeated within a two-week time frame.*

(e) Each meal and snack provided shall meet the U.S. department of agriculture child care food program minimum meal requirements.

**Note:** See Appendix B for information on the U.S. department of agriculture child and adult care food program minimum meal requirements.

*This requirement applies only to meals and snacks provided by the camp.*

(f) Enough food shall be prepared for each meal so that second portions of vegetables or fruit, bread and milk are available to children.

*USDA Child and Adult Care Food Program (CACFP) regulations specify that the amounts included in the minimum meal requirements are guides for food preparation and are not "helpings." The CACFP recommends that small helpings of all items be dished up and that seconds be available.*

(g) A special diet, based on a medical condition, excluding food allergies, but including nutrient concentrates and supplements, may be served only upon written instruction of a child's physician and upon request of the parent. A special diet based on a food allergy may be served upon the written request of the parent.

*Examples of special diets are: feeding tubes, diabetic, etc. Pediasure or Ensure may be used as part of a special diet.*

(h) Children's hands shall be washed with soap and water before eating.

*See DCF 252.44 (6) (i) 1. and 3. – HANDWASHING REQUIREMENTS.*

**252.44(6)****(6) HEALTH.****(a) Observation.**

1. Each child upon arrival at the camp shall be observed by a staff person for symptoms of illness. For an apparently ill child, the procedure under par. (c) shall be followed.

2. Any evidence of unusual bruises, contusions, lacerations or burns received by a child in or out of camp care shall be recorded in the camp medical log book and reported immediately to the camp director.

**(b) Health supervision.** There shall be an adult at the camp at all times who is responsible for health supervision. The on-site health supervisor shall be one of the following:

1. A physician licensed in Wisconsin.
2. A registered nurse or practical nurse licensed in Wisconsin.
3. A physician assistant licensed in Wisconsin.
4. An emergency medical technician.
5. A person currently certified as having completed the American Red Cross Standard First Aid course or equivalent.

*If more than one person is present who meets the requirements for a health supervisor, the camp needs to identify one person as the health supervisor. The specific responsibilities of the health supervisor should be identified in the job description. The health supervisor may be counted in counselor-to-child ratios.*

**(bm)** If a public or private rescue or emergency vehicle cannot arrive at the camp within 10 minutes of a phone call, a person who is certified by the department as a first responder under ch. DHS 113 must be on the premises during the hours when children are present. This person may serve as the camp health supervisor.

*A card indicating that a person is certified as a First Responder is required to document compliance with this rule.*

**(c) Isolation.**

1. There shall be an isolation or first aid area for the care of children who become ill. If the area is not a separate room, it shall be separated from space used by other children by a partition, screen or other means.

2. When an apparently ill child is observed in the day camp, the following procedures shall apply:

a. A child with symptoms of illness or a condition such as vomiting or diarrhea, shall be isolated and shall be made comfortable, with a place to lie down available, with a staff member within the sight or hearing of the child. Isolation shall be used until the child can be removed from the camp.

*If a child has the following symptoms, s/he should be sent home until medical evaluation allows inclusion: illness such as unusual lethargy, uncontrolled coughing, persistent crying, difficulty breathing, wheezing, or other unusual signs.*

*It is recommended that a camp have a cot or mat available for a child who becomes ill during the camp day.*

*See Appendix G Resource List, Get Medical Help Immediately. It is recommended that the camp admission or health policy specify which symptoms would require removal of the child from the facility.*

b. The child's parent, or a designated responsible person when parents cannot be reached, shall be contacted as soon as possible after the illness is discovered to take the child from the camp.

**252.44(6)(d)****(d) Communicable disease.**

1. When it is determined that a person in contact with children or a child enrolled in a day camp has a reportable communicable disease under ch. DHS 145, such as German measles, infectious hepatitis, measles, mumps, or meningitis, the local public health officer, the department, and parents of exposed children shall be notified.

*If the disease is not spread through normal contact, it is not necessary to contact the local health department, the department or the parents of children. There are penalties for disclosure of HIV antibody test results without consent. See s. 146.025, Wis. Stats.*

*A person's HIV status is confidential and may not be shared with others.*

3. A person in contact with children or a child may be allowed to return to a camp if the person's physician provides a written statement that the condition is no longer contagious or the person has been absent for a period of time equal to the longest usual incubation period of the disease as specified by the department.

**Note:** The Division of Public Health in the Wisconsin Department of Health Services has developed materials that identify those communicable diseases that are required to be reported to the local public health officer. These materials also provide additional guidance on the symptoms of each disease and information on how long an infected child must be excluded from the camp. The materials include a communicable disease chart and exclusion guidelines for child care centers. Copies of the communicable disease chart or the exclusion guidelines are available from the Child Care Information Center, 2109 S. Stoughton Rd., Madison WI 53716; phone 1-800-362-7353.

**(e) Medication.**

1. Camp staff may give prescription and non-prescription medication to a child only under the following conditions:

*These rules allow prescriptive and non-prescriptive medication to be administered by the camp under controlled circumstances as specified. The camp health policy may be more stringent than the rule, allowing no medication or only prescription medication. It is recommended that the medication administration procedures be included in information that is shared with parents upon admission. A written authorization from the parent is required to be on-site for each request that medication be administered. The camp should assure that any requirements of the Americans with Disabilities Act are met.*

*An anti-itch preparation may be applied to children upon authorization from the parent. The parent should supply the preparation. The preparation should be labeled with the child's name. The authorization should include the name of the product and the instructions for administration. The application information does not need to be recorded in the center medical log.*

a. A signed, dated, written authorization that includes the child's name and birthdate, name of the medication, administration instructions, medication intervals, and the length of the authorization from the parent is on file. Blanket authorizations that exceed the length of time specified on the label are prohibited.

**Note:** The department's form, Authorization to Administer Medication, or the provider's own form may be used to obtain the parent's authorization to administer medication. Information on how to obtain the form is available on the department's website, <http://dcf.wisconsin.gov>, or from any of the regional licensing offices in Appendix A.

*Medications used to treat chronic illnesses or conditions such as asthma or diabetes may be authorized by a physician for an unspecified length of time. The authorization from the parent should be reviewed and re-signed when there are any changes or medication is replaced or refilled. The parent should include information on the specific triggers that may signify the necessity for an authorized medication on the child's health history form. Camps may not have parents sign an authorization for an Over-the-Counter (OTC) medication to be given on an "as needed" basis that exceeds the length of time on the label unless a physician prescribes that medication. If a physician indicates a child should receive an OTC medication to treat an on-going problem such as seasonal allergies, a prescription or written authorization from the physician for the use of this medication is required.*

**252.44(6)(e)1.a.Note: continued**

*The camp may develop its own form or may accept a written authorization from the parent in the form of a note, but either format must include the child's name and date of birth, the name of the medication and administration instructions, the medication interval and the length of the authorization and it must be signed and dated by the parent. However, the parent's authorization may not exceed the time specified on the label of the medication (usually 7 – 10 days). See Appendix E for information on available forms.*

b. The medication is in the original container and labeled with the child's name, and the label includes the dosage and directions for administering.

*The directions on the non-prescriptive medication should be followed according to the age group specifications. The camp should address this situation in the health policy.*

d. The person administering the medication makes an entry into the medical log book as required under s. DCF 252.41(4)(b) that includes the type of medication given, dosage, time, date of administration and name or initials of the person administering the medication.

2. All medications shall be stored so that they are not accessible to the children.
3. Medications shall be stored at the appropriate temperature as indicated on the label.
4. No medication may be kept at the camp without a current authorization from the parent.

*Leftover medication should be returned to the parent or discarded in a safe manner after the duration of the illness.*

5. Bee sting medication, inhalers, an insulin syringe, or other medication or device used in the event of a life-threatening situation may be carried by a child over the age of 7 years with written authorization from the parent and the child's physician.

*If the camp allows a child over the age of 7 years to carry medication or a device to assist in a life-threatening event and the child self administers that medication the camp health policy should address how the counselor assigned to that child will be made aware that the child self-administered the medication and that the administration is recorded in the medical log book.*

6. Sunscreen and insect repellent may only be applied on the written authorization of the parent. The authorization shall include the ingredient strength of the sunscreen or repellent. If parents provide the sunscreen or insect repellent, the sunscreen or repellent shall be labeled with the child's name. Children may apply their own sunscreen or insect repellent with written parental authorization. The recording of the application of sunscreen or insect repellent is not required.

*Parents may supply sunscreen or insect repellent. Camps may also provide it for all the children to use. If a new brand name or ingredient strength will be used, a new authorization is required.*

*The camp health policy should address at what age children can carry and/or apply sunscreen or insect repellent, and the procedure for ensuring that the application is done in a way that will protect the children.*

7. Children shall be protected from sunburn with protective clothing, if not protected by sunscreen.

(f) *Injury.*

1. Written procedures for the treatment of children who are in accidents or otherwise injured shall be available and made known to staff and shall be carried out as follows:

a. Written permission from the parent to call the family physician or refer the child or medical care in case of emergency shall be on file at the camp. This permission shall be used only when the parent or the designated responsible person cannot be reached.

**Note:** The camp may use the department's form, Child Care Enrollment, or its own form for obtaining medical consent from the parent. Information on how to obtain forms is available on the department's website, <http://dcf.wisconsin.gov>, or from any regional licensing office in Appendix A.



**252.44(6)(f)1.b.**

b. Prior to the opening of camp, a planned source of emergency medical care, such as a hospital emergency room, clinic or other constantly staffed medical facility, shall be designated and made known to staff and parents.

*Parents may be made aware of the planned source of emergency care through a statement in camp policies or handbook or it may be posted in a visible place in the camp.*

c. There shall be written procedures to be followed for bringing a child to emergency medical care.

d. First aid equipment shall be available at a designated location at the base camp.

f. Standard first aid procedures shall be followed for injuries.

*Not every injury will be apparent immediately. A serious injury is one requiring evaluation and/or treatment by a health professional. Any head injury is considered an "emergency" and parents should be notified as soon as possible.*

*A minor injury is one that can be treated at the center such as bruises, scrapes, slivers, etc.*

*It is recommended that a reputable children's first aid manual or chart be readily available at the camp for use by staff.*

h. Superficial wounds may be cleaned with soap and water only and protected.

*No medication (including anti-bacterial creams or ointments) may be applied or administered to the child by the camp for injuries since the administering of non-prescriptive medication must be at specific parent direction for each incident.*

i. Suspected poisoning shall be treated only after consultation with a poison control center.

*Activated charcoal or any other vomit-inducing substance may only be used with authorization from the poison control center. Statewide Poison Control toll free number is (800) 222-1222. Calling 911 does not automatically connect the caller with poison control. See Appendix G Resource List, Common Plants – What's Poisonous.*

2. A daily record of injuries shall be kept in the medical log. Records of injuries shall be reviewed monthly by the camp director and staff to ensure that all preventive measures are being taken. There shall be documentation in the medical log book required under s. DCF 252.41(4)(b) that reviews have taken place.

*See Appendix G Resource List, Medical Log – Directions for Use.*

*The medical log is confidential because it contains individual medical information that is considered confidential. Parents may see entries relating to their child only; therefore, it is recommended that each entry contain only one child's name. If more than one child is involved in an accident and sustains an injury, 2 separate entries should be made in the center medical log.*

*Not every injury will be apparent immediately. A good rule of thumb is to record every accident/incident. For example, a child bumps his/her head and no mark or bump is readily apparent, but there is the potential for a mark, bump or bruise to develop. This accident should be recorded. Any head injury is considered an "emergency" and parents should be notified as soon as possible.*

*In addition to providing accountability to the parents and the department, bound books and recordings as specified may be admissible in court as evidence in case of a civil suit.*

*The log should be kept as long as the camp is in operation.*

(g) *Health history.* A written health history on a form prescribed by the department shall be obtained from the parent before the child's first day of camp. This shall be kept on file at the base camp and be available to staff. Information contained on the health history form shall be shared with any person assigned to care for the child.

**Note:** The department's form, Health History and Emergency Care Plan, is used to record a child's health history. Information on how to obtain forms is available from the department's web site, <http://dcf.wisconsin.gov>, or from any regional office listed in Appendix A.

**252.44(6)(h).**

(h) The camp shall maintain a record of immunizations for each child to document compliance with s. 252.04, Stats., and ch. DHS 144.

**Note:** The form, Day Care Immunization Record, may be used to record immunization information. An electronic printout from the Wisconsin Immunization Registry or other registry maintained by a health care provider may be used in place of the Day Care Immunization Record. Information on how to obtain forms is available from the department's web site, <http://dcf.wisconsin.gov>, or from any regional office listed in Appendix A.

*The Student Immunization Law, s. 252.04, Wis. Stats, sets minimum immunization requirements for children attending day camp. The immunization history must indicate that the child has received at least the first dose of each required immunization (if appropriate for the age of the child) or that the immunization requirement is to be waived for that child by a compliance alternative.*

*If a parent claims a religious or personal conviction exemption, the parent may check the appropriate box and sign the Day Care Immunization Record form in lieu of providing an immunization history. Immunization requirements may also be waived upon signature of a physician that the child should not be immunized for health reasons as indicated on the Day Care Immunization Record.*

*When children are "in the process" of being immunized (i.e., the child has received some DPT and Polio doses but not all that are required for the child's age), the center should request a note from the child's health care provider that the child is "on schedule" for immunizations and the date for the next scheduled dose. This note should be attached to the child's child care center immunization record.*

*In situations where one of the following conditions exists—(A) Children do not submit an immunization record within 30 school days (6 weeks) of admission; (B) Children whose record at 30 school days after admission indicates that they do not have at least the first dose of each required vaccine; (C) Children who fall behind schedule (i.e., do not obtain an immunization which their health care provider has indicated is due on a certain date)—there are two courses of action that a camp may take.*

- 1. The camp may notify the district attorney that the child has failed to comply with immunization requirements as authorized by Wisconsin law and administrative rule.*
- 2. The child who fails to comply with immunization requirements may be discharged (excluded) from the camp until such time as immunization requirements are met.*

(i) *Personal cleanliness.*

1. A child's hands shall be washed with soap and running water before and after meals and snacks and after toileting or diapering.

*Washing in a common bucket or pan is allowed after certain activities such as finger painting, if this preliminary washing is to eliminate excess paint and is followed up by individual handwashing under running water with soap.*

2. Persons working with children shall wash their hands with soap and running water before handling food, after assisting with toileting and after wiping bodily secretions from a child.

3. Soap and water-based wet wipes may be used to wash hands when there is no running water immediately available. Disinfecting hand sanitizers may not replace the use of soap and water when washing hands.

4. Cups, eating utensils, toothbrushes, combs and towels may not be shared and shall be kept in a sanitary condition.

5. Wet or soiled clothing and diapers shall be changed promptly from an available supply of clean clothing.

6. There shall be a supply of dry and clean clothing and diapers sufficient to meet the needs of all children at the camp.

(j) *Diapering.* When children are diapered, the camp counselor shall do all of the following:

1. Consult with the child's parent to develop a toilet training plan so that a child's toilet routine is consistent between the camp and the child's home, if the child is in the process of becoming toilet trained.

**252.44(6)(j)2.**

2. Change wet or soiled diapers and clothing promptly.
3. Change each child on an easily cleanable surface which is cleaned with soap and water and a disinfectant solution after each use with a chlorine bleach solution of one tablespoon bleach to one quart of water, made fresh daily or a quaternary ammonia product prepared according the manufacturer's recommendation.
4. If the diapering surface is above floor level, provide a barrier or restraint to prevent falling. A child may not be left unattended on the diapering surface.
5. Place disposable soiled diapers and gloves, if used, in a plastic-lined, hands-free, covered container immediately.
6. Remove soiled diapers from containers as needed but at least daily for washing or disposal. Containers shall be washed and disinfected daily.
7. Apply lotions, powders or salves to a child during diapering only at the specific written direction of the parent or the child's physician. The directions shall be posted in the diapering area. The application of diapering lotions, powders or salves is not required to be recorded in the camp medical log.
8. Wash the child's diaper area before each diapering with a disposable or fabric towel used only once.

**(7) WATER ACTIVITY AREA.**

(a) *Definitions.* In this subsection, "waterfront" means a pool or beach accessible to or used by children in care.

(am) *Swimming area.*

1. Pools and other swimming areas used by children shall be located, constructed, equipped and operated according to the requirements of chs. Comm 90 and DHS 172 for pools and water attractions. A beach shall be in compliance with applicable local ordinances.

2.a. Swimming pools shall be enclosed with a 5 foot fence with a self-closing, self-latching door. Spaces between the vertical posts of the fence shall be 3½ inches or less. In addition, all of the following restrictions apply when the pool is not in use by children.

b. If access to the pool is through a gate, the gate shall be closed and locked.

c. If access to the pool is through a door, the door shall be closed, visibly locked and equipped with an alarm at the door that signals when someone has entered the pool area. The door may not be used as an exit.

d. Locks shall be located so that the locks cannot be opened by children.

e. The free-standing wall of an above ground pool may not serve as an enclosure unless it is at least 5 feet in height and not climbable. If a ladder is present, the ladder shall be removed or raised up so that it is inaccessible to children.

f. The area around the pool enclosure shall be free of toys or equipment that would allow a child to climb or otherwise gain access to the pool.

3. The swimming area used by a day camp shall have designated areas for non-swimmers, intermediate swimmers, advanced swimmers and divers. A child shall be restricted to the area of the pool or beach that is within the child's swimming ability.

**252.44(7)(am)4.**

4. Access to a water activity area or beach shall be controlled so that children may not enter the area without the knowledge of waterfront staff and any area used for swimming shall be clearly marked.

*See DCF 252.41 (1) (i) 6. – PLAN FOR SUPERVISING CHILDREN DURING WATER ACTIVITIES AND WATERFRONT ACTIVITIES. The plan should address situations where children have access to water that is not a pool or beach area, such as a creek or pond on the premises of the camp. The plan should identify whether children will be allowed to use the water for activities such as fishing and how children's access to the water will be addressed by the camp.*

5. Water activity areas shall be free of hazards. Equipment in water activity areas, including but not limited to docks, ladders, rafts, diving boards, boats, life jackets and paddles, shall be maintained and in good repair.

6. Rescue equipment, including a shepherd's crook type pole, a backboard, ring buoy, and rescue tube shall be maintained and immediately available at each water activity area as specified in s. DHS 172.26.

(b) *Waterfront supervisor.*

1. Each day camp offering swimming, boating, canoeing, or other water activities whether at a pool or a beach shall designate a staff person as waterfront supervisor. All water activities, whether on or off the premises, shall be under the direction of the waterfront supervisor or an equally qualified adult who is present at the waterfront during water activities. The waterfront supervisor shall:

- a. Be 18 years of age or older; and
- b. Hold a current certification as a life-guard from a nationally recognized certifying agency.

2. The camp shall maintain a ratio of one person with a current Red Cross lifesaving certificate per 25 children in the water, except where a public swimming place has life-saving personnel on duty. While children are in the water, staff-to-child ratios under s. DCF 252.42(3)(b) shall be maintained by staff who can swim.

*The camp may assess a staff person's swimming ability.*

*The lifesaving certificate may be from a nationally recognized certifying agency.*

3. The waterfront director or an equally qualified person shall be on duty at all times whenever children are in the water.

4. The waterfront supervisor shall establish and enforce a method for supervising children in the water such as the buddy system, the colored cap system or another method of supervising children. The supervision plan shall be included in the camp's written waterfront plan and reviewed during pre-camp training.

5. The waterfront supervisor shall establish and enforce a method for checking persons in and out of the water. The check-in and check-out procedures shall be included in the camp's written waterfront plan and reviewed during pre-camp training.

6. The waterfront supervisor or person acting as the waterfront supervisor may not be included in the staff-to-child ratios during any period when children are in the water.

(c) *Swimming procedures.*

1. The swimming ability of each child shall be assessed by either the parent or the camp. Documentation of the assessment shall be kept in the child's file.

2. Children shall be restricted to swimming areas within their swimming classification.

(d) *Boating prohibited in swimming areas.* Except in an emergency, no rowboat, canoe, motor boat or other craft, except a lifeboat used by lifeguards, is permitted in a swimming area, pursuant to s. 30.68(7), Stats.

**252.44(7)(e)**

(e) *Supervision of waterfront activities.* Children shall be closely supervised when they have access to a beach or they are participating in fishing or other shoreline activities.

**(8) BOATS.**

(a) In this section, “boat” means every description of watercraft used or capable of being used as a means of transportation on water, including canoes, kayaks, large inner tubes, inflatable boats and sailboards. Small inflatable toys such as swim rings and air mattresses are not considered “boats” under this definition.

(am) All boats shall comply with ch. NR 5.

(b) Each occupant of a boat shall wear a type I or II coast guard-approved personal flotation device which is appropriate to the weight of the person wearing it as specified in s. 30.62(3)(a), Stats., and s. NR 5.13.

(c) There shall be at least one adult in each boat who is a competent swimmer as determined by the waterfront supervisor. When children are using single-seat boats, such as kayaks, a counselor who is a competent swimmer shall be close enough to the children to provide assistance if necessary.

(d) Children who have not demonstrated advanced swimming skills shall be limited to the use of the rowboats only.

(e) All boats, oars and paddles shall be in good repair and inspected annually for safety.

**(9) FIREARMS AND ARCHERY.** Firearms and archery equipment may not be used by children under 7 years of age. When firearms and archery equipment are used by children over age 7, the following precautions shall be observed:

(a) The archery or shooting range may be used only under the supervision of a trained adult instructor.

(b) Other program activities shall be in an area away from the designated archery or shooting range. The range shall be fenced in with rope or wire and marked with danger signs or flags.

(c) Firearms, ammunition, and archery equipment shall be stored under lock and key when not in use.

(d) Children shall be closely supervised to ensure that all firearms, ammunition and archery equipment is used in a safe manner and to ensure that all unused ammunition is returned to the instructor.

**(10) TOOLS.**

(a) Power tools shall not be used by children under 7 years of age.

(b) Children under 7 years of age shall not be allowed in areas where power tools are in use.

(c) When power tools and other tools are not in use, they shall be stored in an area not accessible to children.

**(11) HORSEBACK RIDING.**

(a) This subsection shall apply whether the camp owns, rents, or leases horses.

(b) Children may ride horseback only under close supervision in a ring or other enclosed area.

(c) The riding tack shall be maintained in good repair to provide maximum safety for children. It shall be appropriate to the age, size, and ability of the rider.

(d) Horseback riding shall be specifically covered by the camp’s liability insurance.

**252.44(12)****(12) FIELD TRIPS.** For field trips away from the base camp:

- (a) Staff shall carry emergency contact information and signed parental permission for the emergency medical care of all children on the field trip.
- (b) The counselor-to-child ratio under Table DCF 252.42 shall be maintained, except that the number of adults accompanying children away from the base camp shall be no fewer than 2.
- (c) A planned source of emergency medical care in the area to be visited shall be known to staff.
- (d) A list of children participating in the field trip shall be maintained by the camp director and a counselor accompanying the children.
- (e) Parents shall be notified in advance of the times and location of each field trip.
- (f) First aid supplies shall be taken on all field trips.

**(13) ADVENTURE-BASED ACTIVITIES.**

- (a) This subsection applies whether the camp owns, rents, or leases equipment used in adventure-based activities. Adventure-based activities include but are not limited to experiences such as ropes or challenge courses, hiking and rock climbing.
- (b) The licensee shall ensure that personnel leading and providing training to children are trained and have experience for the type of adventure-based experience they are supervising.
- (c) Equipment used in adventure-based activities shall be properly installed, maintained in good condition and working order and appropriate to the size, developmental and ability level of the children using the equipment.
- (d) Before a child is permitted to participate in an adventure-based activity, the licensee shall ensure that the child's medical history does not prohibit participation in the type of activity planned. If there is a question about a child's ability to participate for medical reasons, the licensee shall not permit participation without the written approval of the child's physician and written authorization from the child's parent.
- (e) Counselor-to-child ratios shall be adequate to manage and supervise the adventure-based activity based upon the number of children participating and type of activity. However, at no time, shall the counselor-to-child ratio be less than that specified in Table DCF 252.42.